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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANTS:	MARK J. ENZMANN ET AL	)
SERIAL NO.:	10/074,413	)
FILED:	February 12, 2002	)
FOR:	WIRELESS TERMINAL LOCATOR	)
		ART UNIT
		2681
		EXAMINER:
		Gary,
		Erika A

I hereby certify that this correspondence is being transmitted to the United States Patent & Trademark Office via facsimile to facsimile Number (703) 872-9306 on January 28, 2005.

Sheila Smedick  
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signature

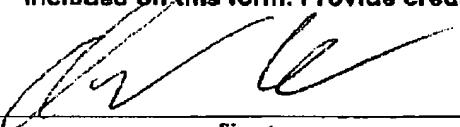
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Applicants respectfully request entry of the following amendments and remarks contained herein in response to the Office Action mailed October 29, 2004. Applicants respectfully submit that the amendments and remarks contained herein place the instant application in condition for allowance.

01157  
BLL-0288

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b> Applicant(s): MARK J. ENZMANN ET AL				Docket No. 01157 (BLL-0288)	
Application No. 10/074,413	Filing Date February 12, 2002	Examiner Erika A. Gary	Customer No. 36192	Group Art Unit 2681	Confirmation No. 7008
<b>Invention:</b> <b>WIRELESS TERMINAL LOCATOR</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
<p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>					
<b>CLAIMS AS AMENDED</b>					
TOTAL CLAIMS	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
INDEP. CLAIMS	4 -	4 =	0	x \$50.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>					
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>					
 <i>Signature</i>					
Dated: January 28, 2005					
<p><b>David A. Fox</b>  <b>Registration No. 38,807</b>  <b>CANTOR COLBURN LLP</b>  <b>55 Griffin Road South</b>  <b>Bloomfield, CT 06002</b>  <b>Telephone (860) 286-2929</b>  <b>Facsimile (860) 286-0115</b>  <b>Customer No. 36192</b></p>					
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